Division of Children and Family Services CFS-1590 (Rev. 10/2001)

VOLUNTARY PLACEMENT AGREEMENT

	Agency / County D	Department	
my child(ren) in a: ☐ foster	home $\ \mathbf{OR} \ \Box \ $ treatment foster home, pursu	ant to s. 48.63(1), Stats.	
	Child's Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	
understand that I may terminate the agreement relate	inate this agreement at any time and that ar tive to his or her placement.	ny child noted above who is age 12 yea	ars or older ma
understand that a permaner	ncy plan will be prepared for my child(ren) and	d that I will be involved in the developme	ent of that plan.
	nformed of any changes in my circumstance	es, including address, employment and	earnings, marit
status, health, and plans rela	tive to my child(ren).	,,,,,,	_
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Date Signed

SIGNATURE - Child (if age 12 or older)